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ABSTRACT

The concept of clinical faculty has been used in the first two reports of the Holmes Group, a consortium of more than 100 leading research universities. These reports have provided teachers and teacher educators with a rationale and a vision of the role of clinical faculty in a professional development school that also might be applied to any school where elementary and secondary teachers are working with teacher educators in preparing future teachers. This fastback focuses on the various roles of the clinical faculty and how teachers are being prepared to assume these roles at George Mason University (GMU) (Virginia) and at other Holmes Group universities. In the first section, the concept of clinical faculty is examined as understood in the first two Holmes Group reports, "Tomorrow's Teachers" and "Tomorrow's Schools." These roles include mentor, coach, communicator, counselor, supervisor, reflective practitioner, and collaborator. The procedures for selecting and training clinical faculty at GMU is described, including requirements, course description of the clinical faculty class, and mutual benefits for the university and public schools. Brief descriptions of training at seven other universities are included. (Contains 16 references.) (ND)

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The Multiple Roles of Clinical Faculty

Robert L. Gilstrap
Kathleen Beattie

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Series Editor, Donovan R. Walling

The Multiple Roles of Clinical Faculty

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Introduction

One of the exciting recent reforms in teacher education is the increased collaboration between universities and public school faculty in the initial preparation of teachers. Teacher educators are taking seriously the recommendations of such national groups as the American Association of Colleges for Teacher Education (Edmundson 1991), the Carnegie Task Force on Teaching as a Profession (1986), and the Holmes Group (1986, 1990) and are developing true partnerships. The nature of these new relationships, which often result in the establishment of professional development schools, was described in a previous fastback, *Creating Professional Development Schools* (1993) by Alan Colburn. Colburn pointed out that in professional development schools, teachers "take on new roles and differentiated responsibilities involving goal setting, problem solving, decision making, student assessment, teacher preparation, scheduling, and staff development."

In *The Multiple Roles of Clinical Faculty*, we address those classroom teachers and teacher educators who now are working in professional development schools, are in the process of establishing one, or are consider-

ing the possibility. Our purpose is to help these readers to reflect on the various roles of the clinical faculty and to learn how teachers are being prepared to assume these roles at George Mason University in Fairfax, Virginia, and at other Holmes Group universities.

To accomplish our purpose, we first examine how the concept of *clinical faculty* has been used in the first two reports of the Holmes Group. These reports have provided teachers and teacher educators with a rationale and vision of the role of clinical faculty in a professional development school that also might be applied to any school where elementary and secondary teachers are working with teacher educators in preparing future teachers.

Next we focus on how we have interpreted this vision in our development of the multiple roles and specific responsibilities that have emerged during our work with teachers in professional development schools in northern Virginia. These roles include mentor, coach, communicator, supervisor, evaluator, researcher, leader, and collaborator. This review is followed by a description of the procedure used for selecting and preparing teachers to become clinical faculty at our university and several others across the nation. We include suggestions to those embarking on this venture for the first time.

The last section of this fastback is a list of resources that we have found useful in planning programs to prepare both classroom teachers and teacher educators for this new relationship.

Who Are Clinical Faculty?

The publication in 1983 of *A Nation At Risk* sparked renewed interest in the recruitment, education, and retention of new teachers. However, few reforms have focused on the need to develop more appropriate settings for teaching interns to practice what they have learned or to carefully select and prepare veteran teachers to work with the future teachers during this experience.

Two reports from the Holmes Group have most influenced teacher education practices: *Tomorrow's Teachers* (1986) and *Tomorrow's Schools* (1990). The Holmes Group is a consortium of more than 100 leading research universities, the top 10% of American institutions engaged in teacher education.

The Holmes Group began its critical analysis of teacher education in 1983. Assisted by former Secretary of Education Terrel Bell, several foundations, and a number of academic vice presidents, the education deans who formed the consortium began with the modest goal of finding ways in which they could improve teacher education programs in their own universities.

After more than a year of study and seminars conducted at various locations throughout the nation, the group developed its first publication, which announced two, parallel missions: 1) the reform of teacher education and 2) the reform of the teaching profession.

The Holmes Group set out to accomplish these twin missions by working toward the following goals:

1. To make the education of teachers more intellectually solid;
2. To recognize the differences in teachers' knowledge, skills, and commitment in their education, certification, and work;
3. To create standards of entry to the profession — examinations and educational requirements — that are professionally relevant and intellectually defensible;
4. To connect their own institutions to schools; and
5. To make schools better places for teachers to work.

The current movement toward improving the selection and preparation of clinical faculty, which is the focus of this fastback, is related to objectives 2 and 5. The Holmes Group characterizes tomorrow's teachers and schools in particular ways.

Tomorrow's Teachers

If teachers are to become more effective professionals, the Holmes Group believes that teacher educators must distinguish between novices, competent members of the profession, and high-level professional leaders.

They describe in detail the education, certification requirements, and job responsibilities of these teachers.

A novice, whom the group terms an *instructor,* would be a beginning teacher whose job would last only for a limited term. The entrance requirements would be flexible. Thus a bright college student with a solid academic background in one or two subjects and who could pass an entrance exam would be welcomed, as would any adult from some other profession who wanted to try teaching. *Instructors* would be qualified to teach, but their work would be supported and supervised by career professionals. The Holmes Group believes that a professional certificate should not be available to the teacher who has only an undergraduate degree. They recommend that an *instructor's* license should be temporary, not renewable, and good for no more than five years.

Professional teachers would make up the majority of teachers. They would be teachers who have proven their competence at work, in rigorous professional qualification examinations, and in their own education. The first full professional certificate would be granted only to teachers who complete a master's degree in teaching. This degree would include continued study in the candidate's major or minor academic field, the study of pedagogy and human learning, work in classrooms with children who are at risk, and a full year of supervised teaching. *Professional teachers'* certification would differ from the certification of most of today's teachers because it would require more study and the standards for initial and continuing licensure would be more stringent.

Jobs for *professional teachers* would be open only to the most qualified individuals, but they also would be jobs that offer opportunities for continued learning and improvement. A bright, committed professional teacher might pursue advanced study leading to the third level: *career professional*.

The smallest group of teachers would be the *career professionals*, probably comprising only about one-fifth of all teachers. These teachers would be at the top of their field. They would have proven their excellence in teaching through their own practice and in exams. They would hold the highest license in teaching, granted for study and professional accomplishments that demonstrate outstanding achievement.

Requirements in this category would include 1) completion of all the requirements for the professional teacher's license, 2) extensive experience and outstanding performance as a professional teacher, and 3) specialized study, ordinarily for the doctorate either in an academic subject or in some other specialty. Many *career professionals* would major in the supervision and education of practicing teachers and might choose to concentrate on teacher education. Others might serve as head teachers and specialize in instructional management. Still others might focus on the assessment of student learning or advanced study of subject matter pedagogy.

A typical way to satisfy these requirements for specialization might be a combination of successful doctoral study and demonstrations of practical competence. Thus, for example, a candidate might present a completed doc-

torate in teacher education, including extensive clinical research on teachers' learning. The candidate also would present evidence from practice about competence in this specialty.

Of course, some candidates for the career professional license might well complete the requirements for advanced study and outstanding professional practice without earning a doctorate. In some cases an academic thesis might be an inappropriate vehicle, and in others the candidate's field might be covered as well in clinical study as in university classroom study. Therefore, candidacy for this license would be open to practitioners who demonstrate high achievement in both the study of practice and practice itself, whether or not they earn a doctorate.

Tomorrow's Schools

Recognizing the interdependence of teaching and teacher education, the Holmes Group suggests a promising alternative to traditional sites for preparing prospective teachers. The group views professional development schools as similar to medical education's teaching hospitals, where practicing teachers and administrators would work with university faculty in partnerships that improve teaching and learning.

Such schools might overcome many of the problems associated with traditional academic and clinical programs. They would provide superior opportunities for teachers and administrators to influence the development of their profession and for university faculty to

increase the professional relevance of their work by 1) solving problems collaboratively with teachers in the field, 2) collaborating on research in teaching practices, and 3) cooperatively supervising prospective teachers and administrators.

The concept of professional development schools assumes that improving teaching ultimately depends on providing teachers with opportunities to contribute to the development of knowledge in their profession, to form collegial relationships beyond their immediate working environment, and to grow intellectually as they mature professionally. The idea of collaborative sites also recognizes that university-based research and instruction must have strong roots in the practice of teaching if they are to maintain their intellectual vitality and credibility. Professional development schools would provide such structured partnerships.

The professional development school has a unique training role. Many of its staff members would have formal responsibility for teaching prospective professionals. While continuing to practice their profession on a regular basis, this "clinical faculty" would have university appointments and be reimbursed for their contributions to the training program. The clinical faculty — comprised largely of accomplished elementary and secondary teachers — would be *career professionals* and would have successfully completed advanced studies in teacher education.

A second purpose for creating exemplary school sites, broader than the first, is the development of professional knowledge and practice. Professional development

schools would provide an opportunity to test different instructional arrangements under different types of working conditions. In this way, such sites would contribute to the ongoing refinement and codification of successful teaching and schooling.

Finally, professional development schools would help to strengthen the profession by serving as models of promising and productive structural relations among instructors, professional teachers, career professionals, and administrators. Improving these relations and expanding opportunities and responsibilities would make working conditions in schools rewarding enough to attract talented novices and to retain competent, dedicated teachers. Professional development schools would provide an optimally balanced program of study and experience for the neophyte under the tutelage of teacher educators and veteran classroom teachers working in the vanguard of practice.

Such schools also would offer talented persons who enter teaching, who love it and want to improve it, a means of advancing without leaving the classroom, physically or psychologically. Thus the senior teachers (career professionals) in a professional development school would be rewarded with the opportunity to be engaged in a variety of ways in teaching, research, teacher education, and policy formation.

The Roles of Clinical Faculty

George Mason University and other universities across the nation that are members of the Holmes Group are attempting to implement the group's vision of clinical faculty in professional development school sites. As teachers become clinical faculty, they take on numerous roles. Those that have emerged in our work are mentor, coach, communicator, counselor, supervisor, evaluator, reflective practitioner, school leader, researcher, and collaborator. These various roles become interrelated and take on different levels of difficulty throughout the experience of working with interns. Although the duties and skills needed to fulfill the roles of clinical faculty overlap and are interdependent, each merits individual description.

Mentor. Most teachers in professional development schools consider the role of mentor to be the most enjoyable and rewarding role. Most dictionaries define a mentor as one who is a "wise, loyal advisor, teacher, or coach." As a mentor, the clinical faculty member helps

the intern to achieve a high degree of competence through encouragement, practice, questioning, modeling, and feedback. Enacting the role of mentor requires a combination of positive thinking, tactfulness, and openness. Flexibility and a willingness to cooperate also are needed, because adaptations in scheduling, pacing, and curriculum often are required to accommodate the needs of the prospective teacher. Also required are high levels of trust, rapport, and support.

A mentor is a role model, a source of information, a helper, and a protective cushion when needed. These same words also could be used to describe the role of a teacher. Since teaching and mentoring are inherently similar, clinical teachers readily embrace this role of mentor. Watching the intern "blossom" into a skillful teacher is a rewarding return on the extensive investment of time and energy.

Coach. In the role of coach, a clinical faculty member becomes a guide and facilitator. The coach tries to impart the knowledge, skills, and beliefs needed for effective teaching. The experienced teacher helps the novice formulate goals, not by dictating right or wrong but by skillful guidance.

As the internship progresses, the coach gently nudges interns out of their comfort zone to try alternative teaching methods. The coach instills confidence as he or she voices suggestions, offers possible alternatives, and poses open-ended questions.

Coaching is a skill that many teachers develop in their work as peer observers with other colleagues and with

first-year teachers. The emphasis is on helping each intern to reach his or her full potential by applying some of the techniques used in athletics to improve performance, such as analyzing a videotape of a recent teaching experience. The coach avoids giving direct advice. Instead, he or she helps to identify the real problem and starts the intern on a route to a solution. Thus interns are encouraged to develop habits of mind that foster thinking and creative problem solving.

Communicator. Communicator is another hat the clinical faculty must don. Some researchers note that teachers spend about 80% of their day communicating with others. Clinical faculty must allot even more time to exchanging ideas, beliefs, opinions, and feelings in constant verbal and nonverbal interactions. Openness, tact, and diplomacy are essential to communication. Providing analyses during seven and a half hours of teaching each day demands thought, patience, and time. Articulating the rationale for the hundreds of daily teacher decisions is time-consuming.

Teachers in professional development schools maintain that setting aside a specific time every day to discuss the day's events benefits the stakeholders. Similarly, going out to dinner together before a PTA meeting is a common way for teachers and interns to break down barriers and open the door to increased collegiality and positive dialogue.

Listening is as important as talking. Steven Covey in his book, *Seven Habits of Highly Effective People* (1989), encourages people to go beyond active listening and to

engage in the highest level of listening — empathetic listening. Empathetic listening is described as listening that "gets inside another person's frame of reference. You look out through it, you can see the world the way they see the world, you understand their paradigm, you understand how they feel" (p. 240). This is the kind of listening that clinical faculty need to model when working with preservice teachers. Mastering the art of communication enhances the ability to succeed in the other roles demanded of clinical faculty.

Some practitioners contend that written communication also is helpful because it documents discussions of strengths and weaknesses of interns. Maintaining a weekly dialogue journal is recommended by professional development school participants, because writing encourages reflection, bonding, and growth in both teacher and intern. Through such writing, teachers and interns realize the vast store of potential knowledge each brings to their shared classroom. Exchanges of free writing can be sprinkled with supportive comments, insights, and suggestions.

Counselor. The role of counselor becomes part of the clinical faculty's expanded job description. Counseling skills are needed because most interns are grappling with changes in their personal lives as well as embarking on a pivotal facet of their education.

Counseling skills are called into play to help preservice teachers deal with the exhaustion and stress that is endemic in the internship experience. Counselors ask questions that encourage reflection and self-assessment

and that cause interns to evaluate their priorities, actions, and strategies.

Clinical faculty who handle this role best are those who are able to remember well their own student teaching and first year of teaching. Interns find it difficult to believe that there was ever a time when some of the clinical faculty did not have it all together. Remembering those experiences and sharing them with the intern can be an effective part of performing the role of counselor.

Supervisor. Clinical supervision is based on behaviors that occur in the education clinic (the classroom). Such supervision is a process of helping the teacher reduce the discrepancy between actual teaching behavior and ideal teaching behavior.

Having a specific model to follow helps clinical faculty perform the role of supervisor. A popular model is the one developed by Cynthia Desrochers for the University of Northern California in Northridge. Its essential ingredients are:

1. "Face-to face" observations of actual teaching by a supervisor.
2. "Face-to-face" conferences between teacher and supervisor in order to analyze teaching strategies based on the objective data that were collected during the classroom observation.

The goal of this model is the professional development of teachers with an emphasis on classroom performance. It is interactive rather than directive, democratic rather

than authoritarian, and teacher-centered rather than supervisor-centered (Acheson and Gall 1992).

The model is implemented in five stages, identified by Desrochers (1988) as:

1. Pre-conference (before teaching);
2. Observation (during teaching);
3. Analysis and strategy (after teaching);
4. Post-conference (after teaching); and
5. Post-conference analysis (after the post-conference).

The supervisor observes what teachers do in a classroom, what students do as interns teach, and how interns plan. When doing these observations, the clinical faculty may use "narrow lens" techniques such as analyzing the verbal flow, or "wide lens" techniques, such as making anecdotal records or working from checklists.

Clinical supervision procedures open the door to needed dialogues between educators. Furthermore, if the clinical supervision model is included in the preservice college curriculum, expectations are established and the process has been clarified for all stakeholders.

Videotaping an observation can be useful, but we also recommend videotaping a clinical supervision conference between the veteran and the beginner. This is helpful for the clinical faculty in evaluating his or her own skills in the post-conference analysis stage of clinical supervision.

Evaluator. Although setting an example, posing the "right questions," and verbalizing about daily practices are not easy, teachers emphatically declare that the most

difficult role is evaluator. The difficulty of shouldering the role of evaluator depends on the clinical faculty member's success in other roles. If trust and support have been established through effective mentoring and open dialogue has been fostered through successful communication, then evaluation will be easier for both the clinical faculty member and the intern.

As on-site supervisors of student teachers, clinical faculty members are keenly aware that the interns are at the end of a five-year journey to become teachers. Assigning a grade that will affect an intern's future employment causes teachers much discomfort. But the role of evaluator includes far more than determining a letter grade. Providing constant feedback is essential for the intern's professional growth. Interns want feedback that encourages reflection and self-evaluation.

The national trend toward the development of preservice teacher portfolios fosters self-evaluation and continuous professional growth. Portfolio assessment also eases the clinical faculty member's role as evaluator because assessment is seen as a year-long process to be documented by the intern.

Educators in professional development schools sometimes become very attached to their interns and adopt a paternalistic attitude. Providing needed criticism is not easy after working side by side, day after day in the same classroom. Thus the clinical teacher who wants to avoid hurting the beginner's feelings may sidestep giving criticism rather than face confrontation or conflict. But experienced clinical faculty members state that the rigors of evaluation are eased by remembering

that the professionalization of teaching requires high performance standards for initial certification.

Many clinical faculty members believe that the evaluative process must focus on the intern's effect on children's learning. If interns have difficulty accurately assessing the success or failure of their lesson, then it will be helpful to focus attention on student products, interest, and participation in order to sharpen the intern's self-assessment skills. Stating criteria in terms of observable behaviors also helps to maintain objectivity.

We recommend that clinical faculty concentrate on asking interns questions, rather than giving them solutions, during evaluation conferences. Thus the intern will be prodded to offer his or her own ideas. Later, extending the lesson of this model, interns should be able to think back more successfully on their own work, thereby becoming reflective practitioners.

Reflective Practitioner. That notion of becoming a reflective practitioner may be unfamiliar to some clinical faculty members. Too often, veteran teachers have not been asked to reflect on their own practices. Therefore, becoming a reflective practitioner may be a new role, which clinical faculty members must accept before they can model it for their interns.

Demonstrating reflection involves asking oneself how students in the class learn and how curriculum decisions are made to foster student achievement. Reflection is an essential part of a teacher's professional growth and development, and so mentors need to model reflection. In part, this means discussing their own reflections.

School Leader. Clinical faculty also assume a greater leadership role in the schools where they teach. As these teachers speak to college classes, share research findings, and become involved in teacher preparation, they begin to recast themselves as education leaders rather than simply teachers. Thus clinical faculty often act as change agents; their voices influence university policies and initiatives.

Researcher. The role of researcher is optional. Most teachers' reflexive response to a discussion of research is "it's not for me." However, even with today's emphasis on teacher research, some clinical faculty members shy away.

We have found that the best approach is "action research." Using this approach, the teachers and university professors identify a common problem, such as the use of portfolios, and then move through the four stages of 1) planning, 2) acting, 3) observing, and 4) reflecting. The results of such research tend to be immediately applicable.

Collaborator. The previous clinical faculty roles involve working primarily with interns. Some roles are equally important in working with university professors, when professionals collaborate to prepare prospective teachers. That is why we have included the role of collaborator. The invitation into the world of academia increases clinical teachers' feelings of equity and worth.

Effective communication becomes paramount in collaboration with university-based educators. Teachers claim that the effectiveness of the collaboration with

university professors is in proportion to the quality and quantity of dialogue between them and the professors. Informing the university supervisor of the intern's progress, achievements, and areas of growth is crucial. If clinical faculty identify too closely with the intern so that weaknesses are hidden or unrecognized, then problems will occur.

Collaborating clinical teachers and university professors blend their roles. The teachers lecture in the professors' college courses, and the professors may teach longitude and latitude to fourth-graders. Clinical teachers become case-study researchers and curriculum consultants and serve on university admissions and search committees. They are asked to share their craft and expertise. Their pragmatic knowledge of children and teaching is valued and needed by university educators.

As new situations arise from collaboration with the universities, teachers acquire new skills to cope with the myriad of nontraditional teaching demands in a professional development school. The roles for clinical faculty are a catalyst for professional growth. As mentor teachers perform multidimensional duties, they increase their professional skills and knowledge. As clinical faculty members, they make new decisions, become involved in administrative duties, discuss "shared governance," and exercise leadership.

Expanding teachers' roles offers them opportunities to discover new strengths and abilities. Having their feet in two arenas offers challenges, rewards, and

growth. After fulfilling the multiple roles of clinical faculty, teachers see themselves as leaders in efforts to create education reform.

Training Clinical Faculty at George Mason University

The new roles that clinical faculty are being asked to assume in their work with interns require a new type of preparation. The class that currently is offered at George Mason University (GMU) for new clinical faculty can serve as an example.

George Mason University has offered a class for clinical faculty for the last eight years. The class has evolved as goals and beliefs about teacher education have developed. It differs significantly from past classes, which prepared teachers to serve as cooperating teachers and concentrated on procedures, guidelines, policies, and time frames. Those teachers' training focused on meeting university requirements.

The present clinical faculty class stresses development of teachers to serve as colleagues with university educators. Great effort is made to bridge the traditional gulf between professors and practitioners by combining the best practices of elementary and secondary teachers and university professors.

At GMU those teachers who would become clinical faculty members must:

- Have a minimum of three years of successful teaching experience;
- Demonstrate expertise in pedagogy and subject matter;
- Possess a positive professional attitude;
- Demonstrate strong communication skills; and
- Evidence willingness and ability to work cooperatively with colleagues.

Each applicant must present two letters of recommendation. Principals of professional development schools are asked to recommend only teachers who exhibit leadership and ability. Recommended teachers then may enroll in a three-hour graduate class to develop the skills needed to sponsor preservice teachers.

Course Description

The class embodies the professional development schools philosophy by dovetailing university and public school expertise. Class participants:

- Analyze and discuss the multiple roles of a clinical instructor with special attention to how these responsibilities will be handled in a professional development school;
- Plan procedures for the induction of a new professional;
- Become familiar with national research, education trends, and problem-solving strategies;

- Become familiar with university requirements in the training of student teachers;
- Increase their clinical supervision skills by learning new strategies for mentoring, coaching, observing, and supervising interns; and
- Enhance their conflict resolution skills.

The GMU clinical faculty class is offered annually and usually meets for five consecutive days in the summer and three evening sessions during the first half of the school year. The class sessions during the school year are designed to provide support and collaborative problem solving for teachers sponsoring an intern. Active clinical faculty members share success stories and ask classmates for help with thorny issues that arise from their work with interns. These evening classes often prove to be the most valuable classes because they deal with real-life problems.

The use of many speakers from GMU and nearby schools has made the class very popular. Presenters include professors, on-site coordinators from the schools, school administrators, public school staff development personnel, and others. Panels of former interns and cooperating teachers describe their experiences firsthand. These teachers often share poignant accounts of their joint ventures.

The class offers multiple perspectives, stresses teachers' reflective thinking, and models innovative teaching strategies. Teachers are asked to create resource materials to assist new teachers to feel at home in their respective school systems. Teachers grapple with existing case

studies involving problems in guiding tomorrow's teachers. And they develop original case studies to help other teachers develop empathy and insight into preservice teacher training. These studies are distributed to all professional development schools affiliated with George Mason University.

In the future, the graduate students will be asked to prepare formal presentations to be offered as staff development for clinical faculty and interns during the next school year.

Mutual Benefits

Professional development schools are rewarding to both universities and public schools. The GMU clinical faculty class mirrors this important component by offering mutual benefits. Funded through university grants, the clinical faculty class is tuition-free. As college tuition skyrockets and teacher pay is linked to the level of education, this monetary feature is a strong inducement for enrolling in the clinical faculty class. The participating teachers also enjoy university faculty privileges, released time, compensation, tuition waivers for other classes, or some combination of these benefits.

Many teachers who enroll in the clinical faculty class have had no experience as a cooperating teacher. The class gives them an opportunity to examine the advantages and disadvantages of mentoring preservice teachers. After completing the class, most teachers look forward to sponsoring an intern. Others realize that

mentoring an intern may require more time and energy than they can afford to give.

Graduates insist that the class stimulates professional growth. During the class, teachers reflect on their own teacher training and development of teaching skills. Often, they become committed to continuing the professional growth process.

Examining reforms in teacher education also awakens a more global view of education. Practitioners see themselves as key players in the education reform movement and realize that they are part of the unbroken web of teaching and learning. Many teachers decide to pursue further graduate work after participating in the clinical faculty class, and several clinical faculty class graduates have entered doctoral programs as a result.

Since 1990 more than 200 teachers at George Mason University have been trained as clinical faculty for early childhood/middle education professional development schools, and another 100 for the emerging schools involved in the Secondary Education Language Minority Project. Having offered the clinical class for several years, the university has established a large cadre of trained clinical teachers willing to sponsor interns. The large pool of potential mentors created by the clinical faculty class also strengthens the longevity of the professional development schools. In order to juggle family and professional responsibilities, overburdened public school teachers often refuse to accept interns. The availability of clinical faculty now ensures the placement of teachers-in-training. Students' requests for a specific grade, sub-

ject, or geographic assignment are granted more easily with a diverse pool of prepared professionals.

Providing clinical faculty training results in schools with a high percentage of teachers who also are committed to mentoring. Teachers who are not assigned an intern but who have completed the clinical faculty training offer support to colleagues mentoring an intern. A staff with a large number of clinical faculty members stimulates a school culture dedicated to assisting newcomers. This attitude, in turn, supports the school system's approach to school improvement. And a school faculty's commitment to "passing the torch" to first year, full-time teachers results in sensitivity to the difficulties of the beginning teacher.

Training at Other Universities

The idiosyncratic nature of professional development schools is reflected in the varied training that universities offer to cooperating teachers. The size, focus, and personalities of the universities and schools influence the nature of teacher training; and different needs and ways of organizing produce a myriad of training models.

Wright State University. James Uphoff, an education leader at Wright State University in Dayton, Ohio, states that there have long been courses to prepare cooperating teachers. However, he feels that professional development school faculties need different training. Wright State offers cooperating teachers a tuition-free class that stresses collaborative team-building. John Goodlad's

Education Renewal: Better Teachers and Better Schools is the basic text of the class. Simultaneous renewal is a theme.

Teachers in this class say they particularly enjoy the video, *Another Set of Eyes*, produced by the Association for Supervision and Curriculum Development. This video deals with observation and conferencing. Teachers report that the video's strategies on conferencing can be transferred to working with parents and other staff members as well as student teachers.

Towson State University. Training of cooperating teachers at Towson State University in Baltimore, Maryland, is tailored to the curriculum needs of the Owens Mill Professional Development School, which a Towson State University professor dubs a "Magnet School for Teachers." An on-site graduate class focusing on planning and assessing change is used as a vehicle to foster collaboration and implement changes needed to create a professional development school.

West Virginia University. This institution has begun offering graduate classes in which preservice fifth-year students and inservice teachers sit side by side to earn graduate credit. University coordinators contend that this unusual arrangement does much to model collegiality, mentoring, and professional development. Course content includes curriculum areas and teacher leadership. The university's teacher education centers offer curriculum context courses that are site-specific. Funded by the Benedun Project, the university also coordinates retreats that bring university and public school educators together to promote collaboration in a learning environment.

Michigan State University. A national leader in the generation of professional development schools, MSU does not offer systematic training for mentoring teachers. MSU prefers the traditional term, "cooperating teachers," rather than "clinical faculty." In fact, the university identifies a school as a professional development school only when a Michigan State faculty member regularly works within the public school. At the same time, there is a great deal of collaborative one-on-one work and research between university and public school personnel. The collaborating university professor directs staff development, mutual research, and enrichment for teachers on the school's topic of emphasis. The nature and structure of training offered by the collaborating professor vary greatly in content, strategy, and format.

Ohio State University. This university trains cooperating teachers through a network of 21 "clinical educators" working in 15 school districts near Columbus, Ohio. These clinical educators teach part time in the public schools but are regularly released from classroom responsibilities to teach university classes and supervise student teachers in professional development schools. Weekly seminars for the clinical educators deal with such topics as teacher education, school needs, and community issues.

University of Wyoming. Preservice teachers at the University of Wyoming are assigned a semester of residency in towns that may be as far as 480 miles from the university campus. The University of Wyoming is the only four-year university in the state. Collaboration is challenging enough when the professor and teacher are

near one another. Long-distance collaboration among teachers, residents, and professors is doubly difficult. The university offers outreach classes or concentrated seminars to develop shared philosophies. Mentoring programs are taught on-site or through videos. In order to establish common guiding principles, mentor teachers are encouraged to attend summer seminars with college faculty at the main campus in Laramie, Wyoming.

Montclair State University. Located in Montclair, New Jersey, the university is in the process of revamping the preparation and training of clinical faculty. They are replacing traditional workshops with a formal class to prepare clinical faculty. The structured class will give more attention to mentoring as part of the training of clinical faculty. To be selected for clinical faculty at Montclair, teachers are individually interviewed by university personnel. The interview process has become an effective way to orient teachers to the demands and roles of clinical faculty.

As can be seen by this brief list, specific clinical faculty classes are few and far between. Those that exist focus on collaboration, collegiality, and professional development for all stakeholders. The great interest in formulating clinical faculty classes seems to forecast a future increase in their number. All professional development schools, with or without formal training for clinical faculty, are making great strides to bring university and public school educators together for support, dialogue, growth, and inquiry.

Final Thoughts

In our five years of working in professional development schools as university supervisors and as instructors for the class to prepare clinical faculty for their new roles, we have learned a few things.

First, developing the clinical faculty approach is not a process that can be rushed. We spent an entire year in planning, followed by a year of piloting, before we initiated our new graduate program at a limited number of professional development school sites. We feel that the longer timeline helped to convince everyone involved that we wanted our new program to be superior to our previous undergraduate program and that we needed the appropriate amount of time to do this right.

Second, from the very beginning our planning task force included just as many public school representatives as it did professors from the university. We also asked the superintendent of schools and our dean of the Graduate School of Education to attend the first meeting to show that establishing professional development schools was a priority that they supported. Their presence showed that those involved in this process would be rewarded for their efforts. This high level of involvement has con-

tinued through regular meetings of teachers who serve as site coordinators and a meeting each semester of the steering committee that replaced the original task force.

Third, we feel strongly that there must be continued renewal of knowledge and skills for all involved in this process. We have done this through an annual conference in which all clinical faculty members are invited to participate. Stimulating speakers and workshop leaders discuss topics of concern identified by members of the professional development school steering committee.

Finally, we have learned that questioning seems to be at the core of success in all of the clinical faculty roles. All of the roles demand that clinical faculty use questions to encourage the prospective teacher to think and to construct knowledge about teaching. We hope that questioning becomes a habit of mind that the preservice teachers will internalize and adopt as a life-long teaching habit. Posing the right questions is essential. Clinical faculty who are good questioners can motivate action, stimulate thinking, encourage creativity, and enhance self-concept in their interns. Following are some examples of questions that we have heard clinical faculty ask; the role represented in the question is shown in parentheses.

"How are you connecting your lesson to the lives of your students?" (mentor)

"How do you know when things go well in the classroom?" (mentor)

"What would an observer have seen and heard in the classroom when you were doing your very best teaching?" (coach)

"How do you know that your pacing was right in the math lesson today?" (coach)

"If we were to run a mental movie of our teaching today, what would we want to change for tomorrow's work with children?" (reflective practitioner)

"What questions can I ask my intern to help her learn to ask herself the right question?" (reflective practitioner)

"How do you prepare mentally and emotionally for each day's teaching?" (counselor)

Teachers teach best by learning. Those of us involved in working with beginning teachers as clinical faculty or university supervisors know how true this maxim is. That is why we find our work stimulating and rewarding. We may be challenged constantly, but we know that we are involved in one of the most important tasks created by our society: educating the next generation of teachers.

Resources

During our five years of preparing clinical faculty to work in professional development schools in Northern Virginia, we have found the following resources of value.

Acheson, K.A., and Gall, M.D. *Techniques in the Clinical Supervision of Teachers: Preservice and Inservice Application.* 3rd ed. New York: Longman, 1992.

Association for Supervision and Curriculum Development. *Another Set of Eyes: Techniques for Classroom Observation.* Videotape. Alexandria, Va., 1988.

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Colburn, A. *Creating Professional Development Schools.* Fastback 352. Bloomington, Ind.: Phi Delta Kappa Educational Foundation, 1993.

Covey, S. *Seven Habits of Highly Effective People.* New York: Simon and Schuster, 1989.

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Gilstrap, R.L. "Preparing Teachers for the Middle Grades at the Graduate Level." *Current Issues in Middle Level Education* 3, no. 1 (1994): 93-102.

Goodlad, J.I. *Teachers for Our Nation's Schools*. San Francisco: Jossey-Bass, 1990.

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Wildman, T.M.; Magliaro, S.G.; Niles, R.A.; and Niles, J.A. "Teacher Mentoring: An Analysis of Roles, Activities, and Conditions." *Journal of Teacher Education* 43, no. 3 (1992): 205-13.

Phi Delta Kappa Fastbacks

Two annual series, published each spring and fall, offer fastbacks on a wide range of educational topics. Each fastback is intended to be a focused, authoritative treatment of a topic of current interest to educators and other readers. Several hundred fastbacks have been published since the program began in 1972, many of which are still in print. Among the topics are:

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Phi Delta Kappa Educational Foundation

The Phi Delta Kappa Educational Foundation was established on 13 October 1966 with the signing, by Dr. George H. Reavis, of the irrevocable trust agreement creating the Phi Delta Kappa Educational Foundation Trust.

George H. Reavis (1883-1970) entered the education profession after graduating from Warrensburg Missouri State Teachers College in 1906 and the University of Missouri in 1911. He went on to earn an M.A. and a Ph.D. at Columbia University. Dr. Reavis served as assistant superintendent of schools in Maryland and dean of the College of Arts and Sciences and the School of Education at the University of Pittsburgh. In 1929 he was appointed director of instruction for the Ohio State Department of Education. But it was as assistant superintendent for curriculum and instruction in the Cincinnati public schools (1939-48) that he rose to national prominence.

Dr. Reavis' dream for the Educational Foundation was to make it possible for seasoned educators to write and publish the wisdom they had acquired over a lifetime of professional activity. He wanted educators and the general public to "better understand (1) the nature of the educative process and (2) the relation of education to human welfare."

The Phi Delta Kappa fastbacks were begun in 1972. These publications, along with monographs and books on a wide range of topics related to education, are the realization of that dream.

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